Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

		CLAIMS AS	S FILED - PART I (Column 1) (Col			ımn 2)	SMALL ENTITY  TYPE		YTITY	OR	OTHER SMALL	
TOTAL CLAIMS		24				ı	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA	I	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 7 minus 20= *27				i	X\$ 9=		OR	X\$18=	986
INDEPENDENT CLAIMS			∠ minus 3 = * (				i	X40=		OR	X80=	80
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=	210
* If the difference in column 1 is less than zero, enter "0" in colum						column 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.29	Minus	** (	7	=//		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	***	H CLAIM	14/		X40=		OR	X80=	
<b>L</b>	FIRST PRESE	NTATION OF MI	JETIPLE DET	CIADCIA	CLAIN			+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	T CL AIN	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF IM	JLIIPLE DEF	ZEINDEIN	CLAIN		<b>'</b> [	+135=		OR	+270=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	İ	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X40=		OB	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╽┠			OR	7.00	<u> </u>
	If the ontar in colum	mn 1 is loss than t	ho ontry in celu	ımn 2 weis	o "O" : c-	olumn 2		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously Pa iber Previously Pa					r fou	nd in the app	ropriate box	in col	lumn 1.	

FORM PTO-875